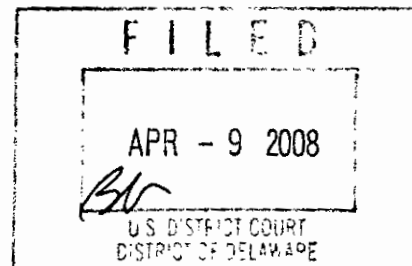


CA 08-173 JTF

Dear Clerck,

4/6/08

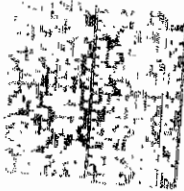
I've enclosed two of my last transaction in compliance to my legal-1983 form.



| | | | | | |
|---|--|--|-----------------------------------|--|-----------------------|
| Receipt No 155958 <small>1-6</small> | | DELAWARE PSYCHIATRIC CENTER New Castle, Delaware | | Date: 5-28-08 <small>7-12</small> | |
| RECEIPT | | | | | |
| PAYMENT RECEIVED FOR PATIENT NAME OR EMPLOYEE NAME <small>17-35</small> | PATIENT OR EMPLOYEE NO. <small>36-40</small> | INSURANCE CODE <small>42-43</small> | FUND CODE <small>45-49</small> | AMOUNT <small>50-58</small> | DESCRIPTION OR CHARGE |
| <i>Garth</i> | | | <i>800 H</i> | <i>25.70</i> | <i>PT</i> |
| <i>Shepherdson</i> | | | <i>800 H</i> | <i>15.12</i> | <i>PT</i> |
| INFORMATION <i>St Mary's Medical</i> | | | | Total Amount Received 40.82 | |
| Board From _____ To _____ Received at: _____ By: <i>[Signature]</i> Delaware Psychiatric Center | | | | This Block For Accounting and IBM ONLY Posted By _____ Verified By _____ <small>IBM</small> | |

J. Stephenson - DPC
1901 N. DuPont Hwy
New Castle, DE 19702

1235



U.S.M.S.
X-RAY

Clerck
Lock box 18
844 N. King Street
Wilmington, DE 19801

